

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000043124

1. Entity Name
AUM SAVI LLC



Principal Place of Business
**5642 OAKLEY BLVD
WESLEY CHAPEL, FL 33544**

Mailing Address
**5642 OAKLEY BLVD
WESLEY CHAPEL, FL 33544**

2. Principal Place of Business - No P.O. Box #
2224 W. HWY. 48

3. Mailing Address
5105 W. GRACE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BUSHNELL, FL

City & State
TAMPA, FL

Zip
33513

Country

Zip

33607

Country

07282008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4755432

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NOOTAN, PATEL
5642 OAKLEY BLVD
WESLEY CHAPEL, FL 33544**

7. Name and Address of New Registered Agent

Name **PRAKASH PATEL**

Street Address (P.O. Box Number is Not Acceptable) **5105 W. GRACE ST.**

City **TAMPA**

FL

Zip Code **33607**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Prakash Patel

PRAKASH PATEL

07/29/2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **PATEL, NOOTAN**
STREET ADDRESS **5642 OAKLEY BLVD**
CITY-ST-ZIP **WESLEY CHAPEL, FL 33544**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **PRAKASH PATEL**
STREET ADDRESS **5105 W. GRACE ST.**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Prakash Patel

PRAKASH PATEL

07/29/2008

(813) 842-7164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

08 JUL 31 AM 11:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

